



Citation for published version:

Bekker, S 2020, 'How key intermediary organisations â € bridge the gap' between injury prevention research and practice', *British Journal of Sports Medicine*, vol. 54, no. 2, pp. 122-123. <https://doi.org/10.1136/bjsports-2018-099508>

DOI:

[10.1136/bjsports-2018-099508](https://doi.org/10.1136/bjsports-2018-099508)

Publication date:

2020

Document Version

Peer reviewed version

[Link to publication](https://doi.org/10.1136/bjsports-2018-099508)

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University of Bath

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HOW KEY INTERMEDIARY ORGANISATIONS ‘BRIDGE THE GAP’ BETWEEN INJURY PREVENTION RESEARCH AND PRACTICE: NOVEL INSIGHTS

Sheree Bekker

s.bekker@bath.ac.uk

1. Faculty of Health, Federation University Australia, Ballarat, Australia
2. Department for Health, University of Bath, Bath, United Kingdom¹

Key words: Dissemination, Knowledge Translation, Implementation, Injury Prevention, Sport

¹ This work was conducted while SB was at Federation University Australia. SB is now based at the University of Bath.

What did I do?

My research sought novel insight into how key intermediary organisations ‘bridge the gap’ between injury prevention research and its use in practice (1).

The key intermediary organisations that contributed to this research were drawn from an existing partnership of a larger study - the National Guidance for Australian Football Partnerships and Safety (NoGAPS) project (2). The six organisations are: the Australian Football League, Victorian Health Promotion Foundation, New South Wales Sporting Injuries Committee, JLT Sport as a division of Jardine Lloyd Thompson Australia Pty Ltd, Sport and Recreation Victoria, and Sports Medicine Australia.

Why did I do it?

I wanted to better understand the role that key intermediary organisations play in making injury prevention research knowledge more accessible and useful for end-users (including athletes, parents, coaches, club administrators and so on).

How did I do it?

First, I theorized about the gap between injury prevention research knowledge and its use in practice – how it comes about and how researchers can potentially use different approaches to minimise its effects (3).

Next, I completed two original research studies:

- a) First, I gathered and catalogued (namely. a document analysis) all of the lay sports injury prevention resources publicly available from these key intermediary organisations, to see what already exists, in what forms, and what injury prevention issues they address (4).
- b) Then I interviewed representatives from five of these key intermediary organisations to find out more about how they see their role in ‘bridging the gap’ between research knowledge and its use in practice. I was particularly interested in how and why they develop and distribute the lay resources identified in the first study (5).

What did I find?

The main findings of the two original studies:

- a) The document analysis showed that there were at least 284 different resources of differing types (such as guidelines, policies, posters, and apps) [Figure 1] that cover a wide range of topics (including concussion guidelines, racial and religious vilification policies, and posters about hot weather) available from these 6 organisations alone (4).

- b) The interviews revealed that key intermediary organisations can, and do, take on knowledge translation roles in order to make research knowledge more relevant (timely, salient, actionable), accessible (formatted and available), and legitimate (credible) for end-users (5). They do this by developing and distributing their own injury prevention resources (5).

A key conclusion drawn from this research is that there is potentially already *too much information* available to end-users for them to effectively be able to discriminate between and use, particularly in community sport settings (4). This is a novel insight in a field where we often see calls for *more* knowledge translation, not less or better (6). Secondly, that key intermediary organisations can and do take on an important role in ‘bridging the gap’ between research knowledge and its use in practice by acting as knowledge brokers (5).

What is the most important practical application?

Working with key intermediary organisations to ‘bridge the gap’ between research and practice is an often overlooked strategy, that can and should be utilised more effectively as part of our injury prevention work (1). Recognising and capitalising on the role that key intermediary organisations play, and partnering with them to develop new resources and/or update or decommission old ones could enhance the influence of injury prevention research on future policy and practice (1).

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Image 1: Word Cloud of most common types of sport safety resources available from key intermediary organisations [reproduced from Bekker & Finch, BMJ Open 2016; CC BY-NC 4.0]

Funding:

SB was supported by a Federation University Australia International Postgraduate Scholarship. This research was partially funded by an NHMRC Partnership Project Grant (ID 565907) with additional support (cash and in kind) from the project partner agencies: the Australian Football League (AFL); Victorian Health Promotion Foundation (VicHealth); NSW Sporting Injuries Committee (NSWSIC); JLT Sport, a division of Jardine Lloyd Thompson Australia Pty Ltd., Sport and Recreation Victoria (SRV); and Sports Medicine Australia (SMA).

Acknowledgements:

The author would like to thank the NoGAPS partnership organisation representatives for their assistance in the data collection phase, and their feedback on the findings of this research. Aspects of this research are related to the work of the Australian Centre for Research into Injury in Sport and its Prevention (ACRISP), which is one of the IOC centres of research excellence for the prevention of injuries and promotion of health in athletes. Professors Penny Paliadelis and Caroline F Finch were the supervisors for this PhD research.